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Perspectives in Ambulatory Care

Beth Ann Swan
Janet P. Moye

Growing Ambulatory Care Nurse Leaders: Building Talent From the Primed Pipeline

EXECUTIVE SUMMARY

- ▶ Leadership succession planning is an extremely important exercise for individuals and organizations to prepare for ambulatory health care in the future.
- ▶ There are several opportunity points and approaches to consider for identifying emerging leaders and developing leaders.
- ▶ Ambulatory care nurses should consider their own potential for leadership and take steps to develop their leadership competencies.



Beth Ann Swan



Janet P. Moye

IN A RECENT ARTICLE, Haas (2009) described strategies for priming the pipeline so that ambulatory care nursing practice is a first choice for new registered nurse (RN) graduates. Innovative methods include offering guided nursing student clinical rotations, employing new RN graduates, and engaging and retaining new RN graduates in ambulatory care. Not only is there a need to prime that pipeline, but it is also critical to begin developing leadership competencies and talent among ambulatory nurses for a variety of leadership roles. Assessing individual talent and future leadership potential in the context of the organization is necessary for new RN graduates and others who may be leading care as staff nurses, leading care as case managers, leading as managers or

administrators, or leading their professional nursing organizations or community agencies. How many ambulatory care nurses have a leadership plan, or given any thought to a leadership plan? How many are

current leaders? How many aspire to a leadership position?

In this article, the first of two on this topic, the importance of leadership and succession planning will be defined, desired leadership competencies identified, different opportunities and approaches for succession planning identified, and organizational strategies identified, as well as personal strategies, that may be employed for leadership succession planning. In the second article, in an upcoming issue of *Nursing Economics*, the role played by multiple generations in building talent and leadership succession planning will be described.

Background and Significance

Although much has been written in the business literature about leadership succession planning for various levels in organizations, little has been written in the nursing literature. Rothwell (2001) defines leadership planning as "any effort designed to ensure the continued effective performance of an organization or work group by making provision for the development, replacement, and strategic application of key people over time" (p. 6). Further, he advises that organizations systematically develop individuals to retain the knowledge trust of the institution and assure continuity. McConnell (2006) defines leadership succession planning as "the process of identifying and preparing people who could presently assume certain key positions in the organization or who could be expected to do so after successfully completing certain specific stages of development" (p. 91).

Considering today's competitive health care environment and changing workforce demographics, developing and retaining human and intellectual capital are critical to the sustained success of any organization. Organizations engage in succession planning to develop and maintain strong leadership at all levels. It can also be an extremely powerful tool in motivating aspiring and current leaders, as well as retaining them. Succession planning is an ongoing, dynamic process that helps an organization align its strategic plan, business goals, and human capital needs (Butler & Roche-Tarry, 2002).

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Table 1.
Huston's Eight Nursing Leadership Competencies

1.	Global Perspective Related to Emerging Nursing and Health Care Trends
2.	Technology and Informatics Knowledge, Skills, and Competency
3.	Expert Decision Making for Complex Environments Based on Evidence
4.	Ability to Create Organizational Cultures to Support Quality and Safety
5.	Political Savvy and Skills
6.	Collaborative and Team Building Skills
7.	Balanced Authenticity and Performance Expectations
8.	Ability to Envision and Proactively Adopt

Adapted from Huston, 2008.

Leadership succession planning in ambulatory care nursing, whether in a health care setting or a professional organization, ensures a continued pool of qualified candidates supporting continued, effective organizational performance. In an ambulatory care organization, nursing succession planning may occur at the unit or division level, within a service line, or at the executive level. A similar planning process is applicable to sustain leadership in professional nursing organizations. Whether a current leader or an aspiring leader, succession planning affords opportunities for nurses at all points on the continuum in an organization. To achieve outstanding results using succession planning, an organization must develop an effective and highly focused strategy that centers on organizational excellence.

Nursing Leadership Competencies

Regardless of the leadership role within an organization, emerging and future nurse leaders need a set of competencies for a yet-to-be created health care delivery system in order to be well positioned for succession planning. Huston (2008) identified a set of eight leadership competencies listed on Table 1. Experienced ambulatory care RNs may develop these leadership competencies over time, increasing in sophistication and aligned with the organization's strategic plan and vision, either within a health system or a professional organization. Equally important, newly recruited graduate RNs require a set of beginning leadership competencies, in addition to clinical competencies. These competencies should be fostered by health care organizations among their nursing staff or by professional organizations among their volunteer members.

Opportunities and Approaches

The primary focus of leadership succession planning is forecasting the strategic needs of an organization (Collins & Collins, 2007a). The forecasting process allows for identifying those skills already existing within the organization, as well as those skills that need to be recruited or created and developed within. In ambulatory care, forecasting goes hand in hand with recruiting and engaging new RN graduates, and building talent in the primed pipeline, while experienced ambulatory care nurses can mentor and guide new graduates in this setting (Haas, 2009).

Building talent and leadership succession planning is a perpetual process that may be realized through various opportunity points. The first opportunity occurs when the organization identifies certain human capital requirements and a position becomes known before the individual for the position is identified. Another opportunity is when an individual becomes known before a specific position or need is identified. This occurs when a stellar individual is identified as a candidate to be cultivated for leadership within the organization. A third opportunity point arises as vacancies naturally occur within the organization because of retirement, resignation, restructuring, or other factors, creating holes in leadership ranks. A final opportunity may come about when leadership recognizes that an employee has developed and matured to the point that a position needs to be created to accommodate him/her and the organization (Collins & Collins, 2007a). No matter what the situation creating the opportunity in an organization, building a pipeline of potential leaders is essential to the vitality and sustainability of a successful and dynamic organization (Collins & Collins, 2007b). Four organizations described their exemplary leadership succession planning in the professional literature. Their methods for promoting opportunity points for nurses are listed in Table 2.

In addition to these opportunities for current and emerging individual leaders, various approaches can be utilized to successfully implement an organization-wide succession planning program. The choice of an approach depends on the strategic plan and culture of the organization. Rothwell (2001) describes six methods of leadership succession planning:

1. *Top-down approach.* Led by top level corporate executives.
2. *Market-driven approach.* Based on immediate market needs and requirements.
3. *Career-planning approach.* Individual employees are identified for their skills and abilities.
4. *Futuring approach.* Externally scanning the environment for looming changes and matching internal talent with subsequent needs.
5. *Rifle approach.* Focused on solving specific problems for a particular time.

Table 2.
Case Exemplars of Nursing Leadership Succession Planning in Action

Organization	Leadership Succession Planning Approach	Opportunity Points
National Association of Clinical Nurse Specialists (Shirey, 2008)	5-step succession planning model to incorporate clinical nurse specialist into an organization's leadership pipeline.	Individual becomes known before a specific position or need is identified.
Veterans Health Administration Office of Nursing Services (Weiss & Drake, 2007)	Career development electronic database allows nursing leadership to identify future leaders for succession planning in clinical, administrative, and/or research roles.	Position becomes known before the individual for the position is identified, and occurs when the organizational need identifies certain human capital requirements.
Lehigh Valley Hospital and Health Network (Pintar, Capuano, & Rosser, 2007)	Clinical Services Venturer LeaderShip Program offers high potential leaders opportunities for accelerated leadership learning and developing a pipeline for clinical leadership.	Leadership recognizes that an employee has developed and matured to the point that leadership development opportunities are provided.
Portland Veterans Affairs Medical Center (Goudreau & Hardy, 2006)	High Performance Development Model employs educational programs at all levels of the organization for "high performers."	Leadership recognizes that an employee has developed and matured to the point that leadership development opportunities are provided.

6. *Bottom-up approach.* Led by employees and allows for more than one direction of promotion.

One of the foundations for organizations whose performance moved from good to great is the leadership competencies in those organizations (Collins, 2001). Collins (2001) described not only "getting the right people on the bus," but also "getting the right people in the right seats." This is analogous to leadership succession planning in which an organization identifies the right people with the right competencies to sit in the right positions in the organization, as well as moves the people who are in wrong situations into other positions where their fit is better. Additionally, people may be assisted and supported to sit in different seats while building their talent.

Organizational Strategies in Leadership Succession Planning

Organizational cultures vary widely in their support of leadership development and expertise in succession planning. A qualitative study conducted by Groves (2006) examined 13 health care organizations with a record of exemplary executive development and succession planning practices. Chief executive officers (CEOs) from these organizations were interviewed to identify industry best practices for enhancing industry leadership capacity. Groves found that the best practices that emerged from the interview data included:

- Implementing formal mentoring programs.
- Creating opportunities for informal mentoring.

- Developing challenging action learning assignments for high potential emerging leaders.
- Implementing organization-wide forums to expose high potential emerging leaders.
- Considering a diverse range of internal candidates for succession.
- Avoiding grooming an heir apparent.
- Modifying the performance appraisal processes to ensure active participation and commitment to succession planning.

Groves found that current leaders and emerging leaders benefited from powerful mentoring relationships which facilitated their career, as well as influenced their own leadership philosophy. Many described this mentoring relationship as a key turning point in their leadership trajectory. Another consistent finding in this study was the extent to which the current leaders and emerging leaders sought out and accepted challenging assignments that stretched them, and facilitated their leaving their comfort zone and taking risks. In addition to these mentoring and learning activities, Groves (2006) demonstrated the importance of enhancing the visibility of current and emerging leaders across the organization. A general consensus of the CEOs interviewed is that organizations are best served by investing the necessary time and effort in identifying and developing multiple current and emerging leaders to ensure flexibility in succession planning.

Developing One's Own Professional Leadership Potential

All professional ambulatory care nurses should consider their own personal/professional leadership goals and succession plan. If one has leadership aspirations, he or she should take steps to be noticed and considered for opportunities that may arise within the health system or professional organization. As a first step, one should consider volunteering for a project or committee work on the unit, division, or institutional level, or in a professional organization or community agency. Donner and Wheeler (2008) suggest the following individual strategies for aspiring leaders:

- Keep informed about what is going on in your professional organization, and your ambulatory care work environment.
- Do a thorough self-assessment and identify the knowledge and skills you have and those you need to acquire; identify how will you go about acquiring them.
- Consider all the steps you need to take to get from where you are to where you want to be (Goldsmith & Reiter, 2007).
- Discuss your aspirations with leaders in your professional organization and nurse leaders in your organization.
- Take advantage of volunteer leadership opportunities to get some experience with leadership.
- Identify a mentor with leadership experience and an interest in helping you develop your potential.

These concepts provide potential nurse leaders with a place to start. It is important that they clarify their career vision, become informed about the possi-

bilities, and take steps to develop their leadership knowledge, skills, and competencies.

Similarly, current ambulatory care nurse leaders need to consider the succession plan for their clinic, service line, or organization. Donner and Wheeler (2008) recommend the following:

- Communicating to all individuals that a search for emerging leaders, future leaders is ongoing.
- Ensuring there is a short list of individuals who can assume volunteer leadership positions.
- Making leadership recruitment an ongoing activity.
- Continually assessing bench strength.
- Enhancing leadership development programs based on individual needs.
- Valuing emerging and future leaders.

Individuals and organizations should always be planning for future leadership needs, both in terms of being prepared for unanticipated crises that create voids in leadership, as well as developing emerging leaders in the organization who demonstrate potential for assuming leadership roles in the future. \$

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Quality Improvement Endeavors Often Fail to Cover Their Costs

Health care organizations that undertake quality improvement (QI) efforts for chronic disease management may find that their costs often overshadow their revenue, a new study finds. Researchers examined the short-term financial impact of a QI initiative addressing diabetes care as part of the Health Disparities Collaboratives (HDC) program. The HDC is conducted in federally qualified community health centers that provide outpatient care for underinsured and uninsured patients.

Given the costs of QI programs, most outpatient health care facilities serving vulnerable patients will be reluctant to adopt them, the authors suggest. As solutions, they propose redesigning payment structures and creating new incentives for facilities to embark on QI initiatives.

See Huang et al. (2008). The cost consequences of improving diabetes care: The community health center experience. *The Joint Commission Journal on Quality and Patient Safety*, 34(3), 138-146.

